Running a Demand Creation Campaign, Putting the Essential Pieces Together and Keeping It Going

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Background VMMC Southern Africa

- Low male circumcision prevalence
  - Male Circumcision not part of culture
  - Myths and Misconceptions
- Determinants of behaviour, barriers and motivators to uptake differ between age groups
- Mass media generates awareness, but effective IPC is needed for timely VMMC uptake

VMMC Barriers and Motivators

Barriers

- Pain
- Fear of operation/ complications
- Fear of HIV test
- Myths & Misconception
- Partner refusal
- Abstinence period
- Not part of my culture

Motivators

- HIV prevention
- Other medical reasons
- Sexual Performance
- Hygiene
- Appealing to women

W.Mavhu qualitative study on VMMC barriers and motivators, Zimbabwe 2011

Barriers: Myths & misconception

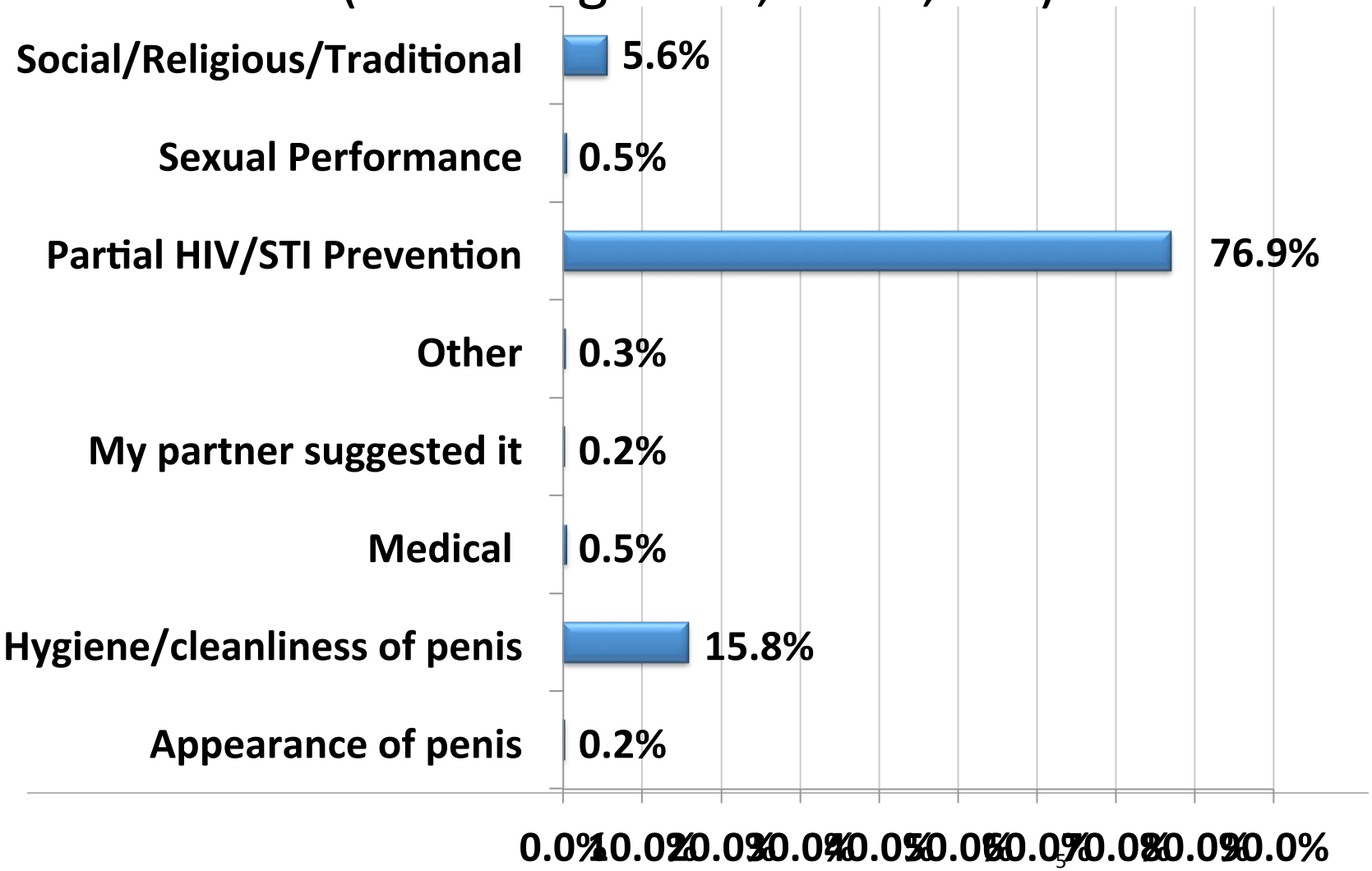
- Myths and misconceptions about MC

'Our major question is whether we will still be able to have children after circumcision' (uncircumcised men)

'I heard that they can even make the mistake of cutting your testes' *(uncircumcised men)*

Primary Reasons for VMMC Zambia

(clients age 18+; n=54,665)



Determinants of MC-Seeking Behavior*

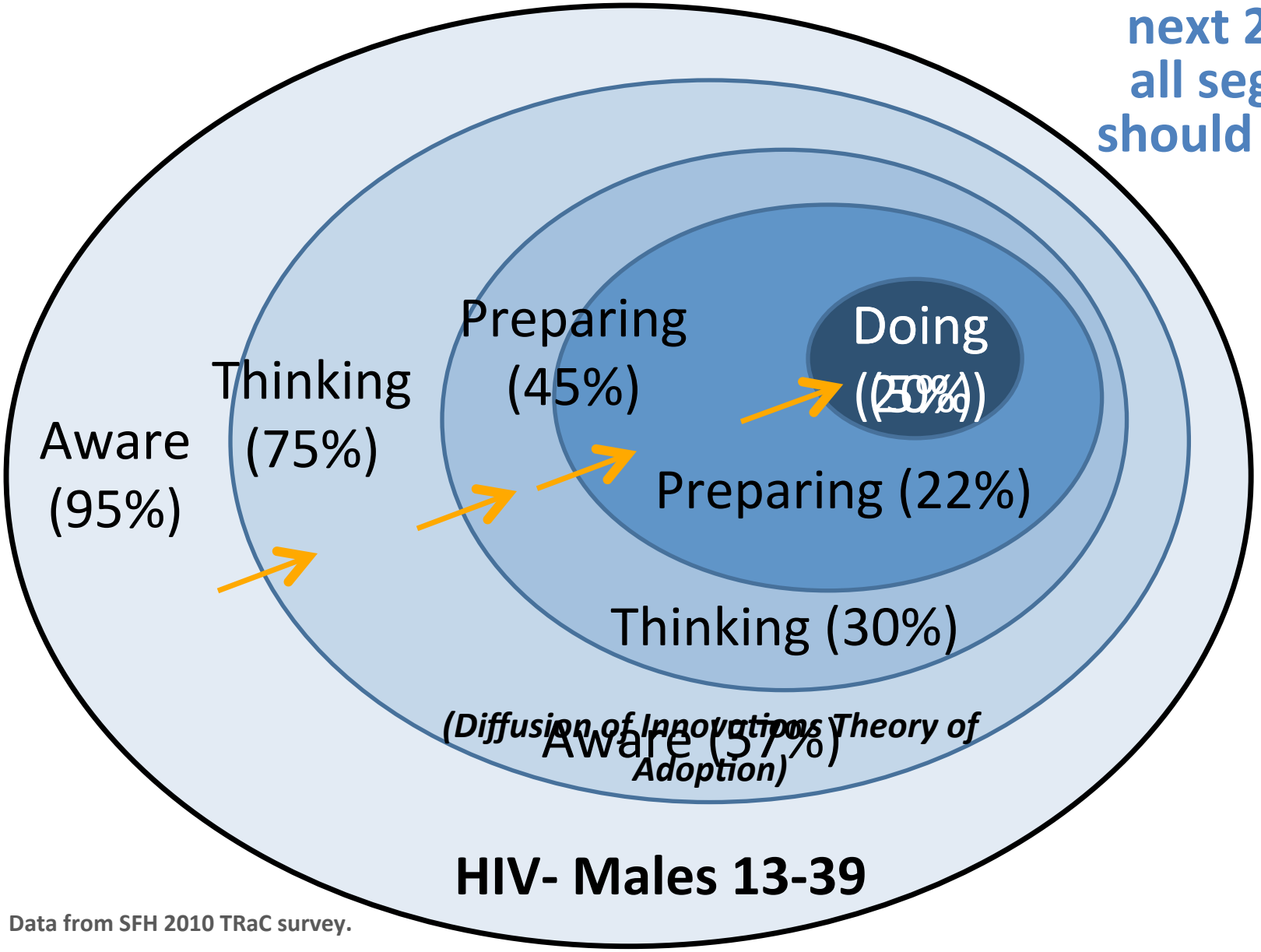
	Not Thinking vs. Thinking	Thinking vs. Preparing	Preparing vs. Doing
O			•Quality: Expertise
	•Social norms: friends •Social norms: family	•Social norms: friends	•Social norms: family •Quality: waiting time •Availability of services
A			
	•Self-efficacy	•Knowledge: myths •Self-efficacy •Knowledge: healing time •Social support: partner	•Knowledge: healing time
M	•Pressure: partner & friends	•Pressure: partner & friends	•Perceived benefits
	•Belief: female expectations •Belief: partner reaction		•Expectation: bleeding •Expectation: pain •Norms: partner reaction

What is needed to get more "preparers" into MC clinics.

Data from SFH 2010 TRaC survey.

Diffusion of Innovation

As more men go for MC over the next 2 years, all segments should expand.



TOTAL POP.

380,449

836,978

1,426,633

1,497,060

1,502,175

Data from SFH 2010 TRaC survey.

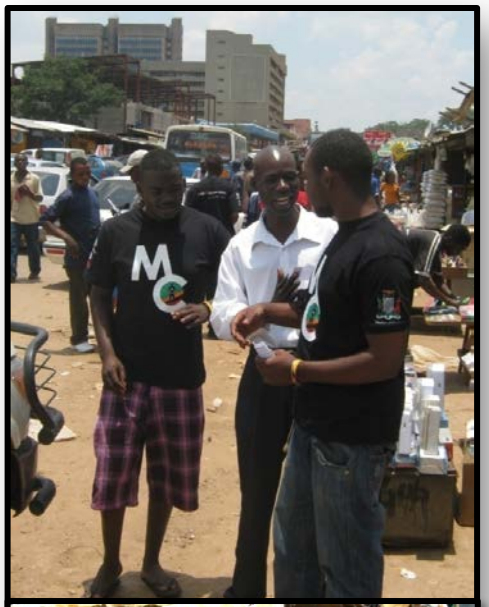
Demand Creation Channels

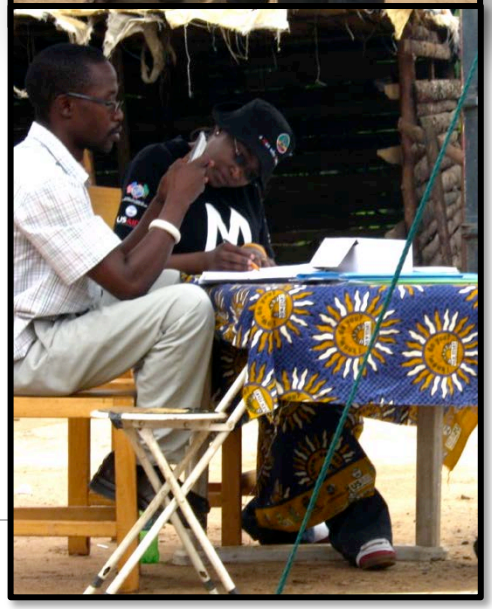
Mass Media:

- Useful for awareness , normalizing the behavior and may move audiences from not knowing to thinking
- Use media monitoring research to determine reach of each channel

IPC/ outreach/door to door

- Most useful for moving audiences from thinking to doing.
- Use existing structures of MOHCW and NAC, CBOs, community leaders as they are trusted by the communities
- MC champions essential
- Strengthen linkages and referrals
- from HTC
- Mhealth technology for follow up of potential clients and monitoring of impact from IPC





Mass-Media

Mid-Media

IPC

Community radio:

1) Short (e.g. 15 sec) pre-recorded messages during mostly-music shows on youth-friendly stations.
2) Work with DJs to get on-air endorsements.
3) Schedule monthly call-in shows to answer questions; invite satisfied clients from area.
4) Announce timing of call-in shows during the month.

Mass-Media

Mid-Media

IPC

Mid-Media:

1) Presentations in workplaces and tertiary institutions.
2) Involve satisfied MC clients to speak during presentations.
3) Street-level promotions with mobile video units (MVUs) during special events at universities and other popular hang-outs, shopping centres.
4) Announcements during church gatherings through pastors.

Mass-Media

Mid-Media

IPC

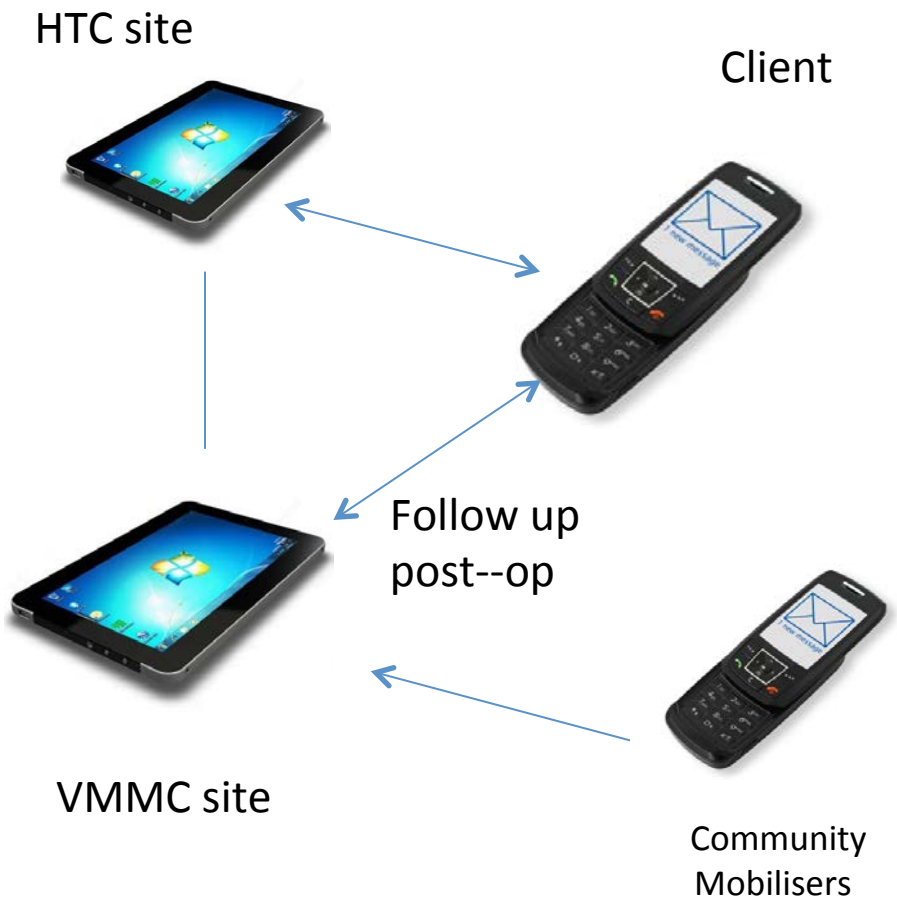
Inter-Personal Comm.

1) Standardized materials for IPC agents focused on key messages.
2) Clear selection criteria, training and monitoring systems for IPC.
3) More collaboration with existing local NGOs, youth groups, etc.
4) Schedule interventions for places and times when priority audience is available and receptive:
   - 17-21 hours on Fridays
   - 14-20 hours on Saturdays

   At barbers, bars, clubs, football,…

M-Health linking clients with services

- HTC center: electronic client data collection using tablets
- Community mobiliser: client data transmission using mobile phone
- Data of client referred immediately available to VMMC site
- Clients' mobile numbers entered in database; client receives SMS messages to get circumcised
- Client can respond to SMS messages
- SMS system used for follow up of VMMC clients post MC



Advocacy

- Traditional leaders for community mobilization
- Political Leaders
- Community based organizations, Neighborhood Health Committees, Community Based Distributors
- Satisfied clients/friends and relatives

VMMC School Campaigns (1)

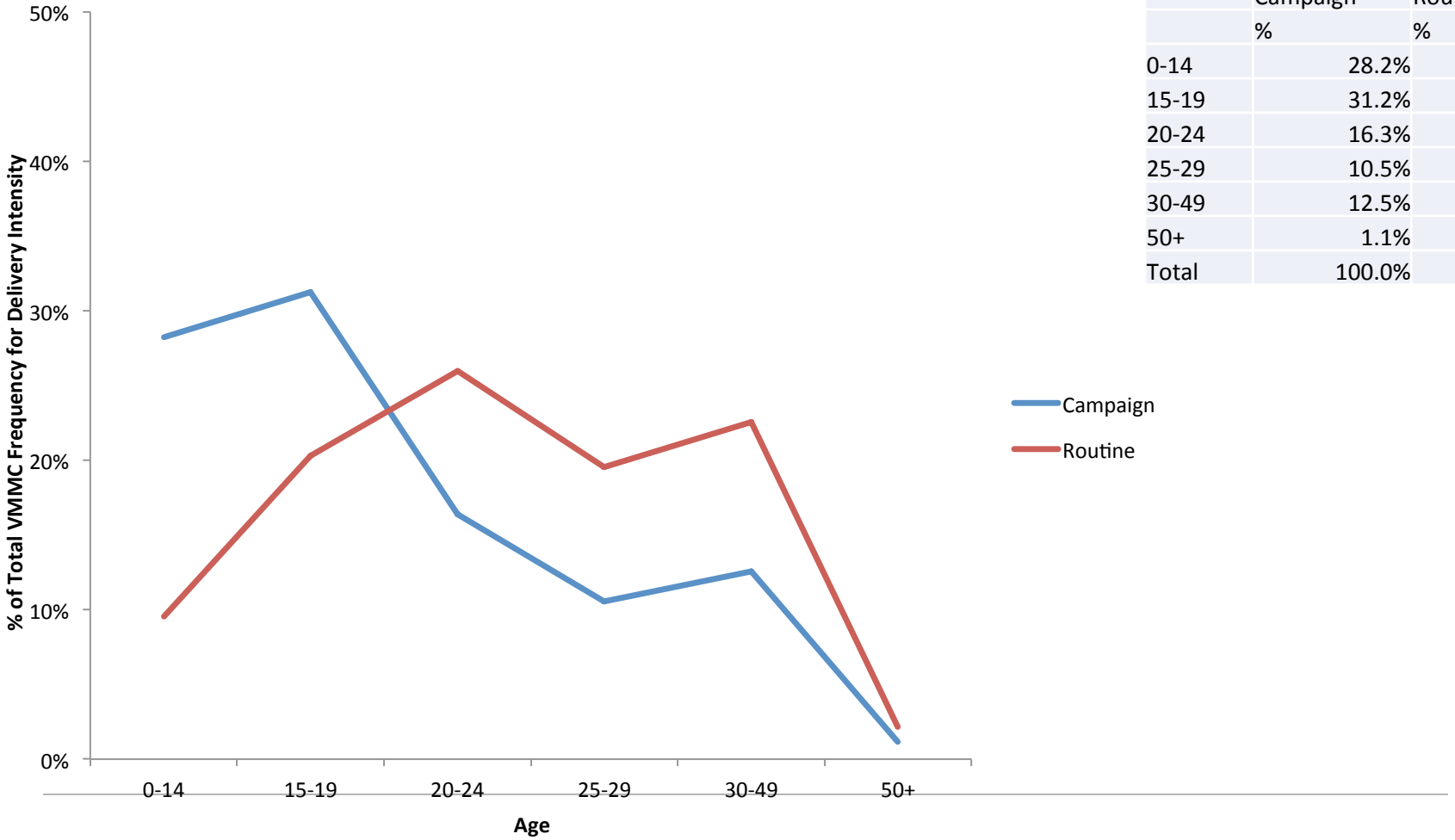
- Sensitization meetings with headmasters, teachers and parents
- Street marches complemented by door to door discussions
- Circumcised adolescents as peer educators and mobilizers, “Bring a Buddy ” for circumcision
- Mass Media: Print, TV and Radio Centered around popular musician “Winky Dee”

VMMC School Campaigns (2)

- “Pinda Mu Smart” Campaign
- School holidays in April, August and December
- 7100: April/May
- 13 000: August/September
- 7200: December 2011
- 9000: April/May 2012

VMMC age distribution campaign and routine service delivery: Zimbabwe

No 2009		
	Campaign	Routine
	%	%
0-14	28.2%	9.5%
15-19	31.2%	20.3%
20-24	16.3%	25.9%
25-29	10.5%	19.5%
30-49	12.5%	22.6%
50+	1.1%	2.1%
Total	100.0%	100.0%



Lessons Learned

- Important to segment messaging by age groups
- Mix of communication channels
- Work with traditional leaders and their existing mobilization structures
- Engage high level political, cultural leaders and peer champions for advocacy
- **Short term campaigns** during periods where priority audiences are available and **year-round promotional** activities for sustained demand for services over time.
- Enabling access to services is critical
- Use of mHealth Technology to link referred clients to services

Acknowledgments

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